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Florence Nightingale

This beautiful Post Card was issued by the Executive of the Graduate Nurses' Association of Ontario with the object of raising funds for Registration. You may obtain any number from Mrs. Mill Pellatt, 7 Wells Street, Toronto, at 5 cents each, or 6 for 25 cents.

HOSPITAL DEFICITS.

The hospital deficit question is probably not so frequently met with in its acute form in Canada as in the United States, but it is far from being an uncommon trouble. It is a problem which faces most hospitals at some time in their history. It is often preventable, but, judging by observation, not always so. For, just as some children seem to be born with a predisposition to a certain disease or weakness, so, many institutions seem to begin with this unfortunate predisposition to an annual deficit. The reasons for deficits differ, but they can probably be placed in two main classes: Faulty plans and construction, and poor business management. A large number of deficits are or seem to be, due to an initial mistake in the plans and policy of an inexperieced Board of Managers. The hospital itself comes as the result of a vision—an ideal of service which comes to some man or woman. This vision comes of a desire to do something for those less fortunate, or to help the poor and needy in some practical way. Hence the building is planned mainly to accommodate the poor or with a very much larger proportion of beds for free patients than for pay patients—often with much more accommodation for this class of patients than the needs of the community call for. Free beds are provided, but nothing tangible or adequate to support the occupants of those beds—no systematic plan for meeting the expense, and the result is bound to be, in the very nature of the plans, a deficit, large or small. This mistake seems to be well-nigh universal, for I have seen it, lived with it, and heard of it being made in all parts of the country where I have visited. Usually this mistake is corrected in course of time, but the first few months very frequently show only too plainly the primary blunder that has been made. The way to correct it is much longer in coming, and in the meantime the deficit occurs and often becomes chronic.

A study of the per capita cost per day in a score or more of general hospitals devoted to free and paying patients in the last few years, shows that the average cost is somewhere between $1.50 a day and $2. In some cases it runs as high as $2.25 a day for each patient, though this latter figure is exceptional. When we consider the number of patients cared for entirely free of charge, and the large number who pay less than cost, and also remember that endowments are long in coming, it is not difficult to explain the reason why some hospitals have deficits. Mr. Louis R. Curtis, superintendent of St. Luke's Hospital, Chicago, in discussing this question, says: "I venture to say that not more than one-half of the private patients in the average hospital pay the full cost of their care, much less add anything to the net income of the institution. It may be accepted as a maxim that no hospital can conduct a private patient's service without loss, where the lowest rate is less than would be charged in an hotel of a corresponding class."

The remedies for deficits need to be studied with each individual hospital in view, but there are certain general principles which apply to a large number. The extension and improvement of the pay-patient department so that that department will not only pay expenses, but yield a surplus to be used for the support of non-paying or partial paying patients, is one of the

remedies for deficits that is meeting with general favor and good results on this side of the Atlantic.

Some plan by which municipalities may be induced to pay to private hospital corporations, the actual cost of the care of indigent patients instead of a fixed rate of five or seven dollars a week, which is now paid in so many places, will probably be arrived at some time. A better understanding between hospitals in a given city or territory, and a more businesslike policy of charging paying ward patients the average actual cost will also help in reducing the deficit. Other remedies will readily suggest themselves to those familiar with hospital problems.

There is a very definite relation between the training school and the size of the deficit, for the daily routine of a hospital affords large opportunities for waste. Probably every school has spasmodic and periodic lectures or talks on the sin of wastefulness. These spasmodic efforts often seem to put a check on waste for a brief season, but no such methods alone will ever effectually control the problem. In the small hospital, the superintendent can usually keep a hand on the distribution of supplies and a watchful eye over their use, but as an institution grows this becomes impossible and some definite system designed to prevent waste becomes necessary. Various systems have been devised. Any one who desires to establish such a system can easily obtain suggestions based on experience from other hospitals. Miss Lightbourne, Trustee-in-Charge of the Hospital of the Good Shepherd, Syracuse, a moderate-sized institution of about a hundred and twenty beds, has given permission to refer to the system in use in that hospital. Nothing in the line of special supplies for any ward or department is obtained without requisition on blanks provided for that purpose. These requisitions are filed, the cost is estimated in the office, and each week or month the head nurse is informed of the amount and cost of the supplies she has ordered. With the actual knowledge of what her ward has cost, comes the incentive to keep the cost down and to improve the record month by month. Such a system properly managed will produce good results in any hospital. To know is to control. Scolding the nurses, appealing to their consciences, a grudging giving out of supplies that are really needful, or trying to make the one who asks feel guilty, will utterly fail to check waste unless there is some method established by which each yard of gauze, each cake of soap, each catheter, each thermometer, each paper of pins, each piece of linen, each orange, each egg, is recorded and charged to the account of somebody who is accountable for its proper use. Without an account of soiled linen and clean linen going in and out of a ward or department no effective check on waste or extravagant use of linen is possible, for nobody knows just how much was used or was necessary.

A great many hospitals are at a disadvantage in this respect, because there are not permanent head nurses in each ward or department. The apparent saving made by putting pupil nurses into executive positions, is often more apparent than real unless the pupil head nurse has been well trained in the methods to use in the promotion of intelligent economy. In a ward or department of twenty patients, a saving or waste of even five cents for each patient

a day in the handling of the entire supplies used—light, food, drugs, dressings, utensils, linen, etc., will make a difference of thirty dollars a month—a sum which would go far toward paying the salary of a permanent head nurse, who because she was permanent would have an incentive to practice and promote economy. She would have more authority over pupil nurses, and her accumulated experience would certainly be valuable. It is safe to say that with a proper system, and with capable supervisors, a good deal more than five cents a day might be saved in the total cost of caring for each patient each day in many hospitals.

As an illustration of the possibilities of economy that are in a hospital ward I mention an experiment tried in Bellevue Hospital a few years ago, about the time there was such an outcry in New York regarding hospital deficits, and when there was serious danger of some of the hospitals having to curtail their service from lack of funds. At that time Dr. Brennan, President of the Board of Trustees of Bellevue and Allied Hospitals, wrote an open letter from which the following is quoted: "The attention of the visting surgeon of one of the divisions of Bellevue Hospital was called about a month ago to the large consumption of gauze in his wards, some 2,100 yards having been used in the previous week. He at once made an investigation, with the result that the next week the amount of gauze consumed was only 1,100 yards, and during the week following that, only 610 yards, although the service continued just as active and the patients were cared for fully as well as before.

The operating room nurse in a hospital with an active service can easily waste or save the amount of her salary every month. The waste in the operating room is, of course, not entirely under the control of the training school, but there seems to be a tremendous difference in the amounts of supplies used in different operating rooms doing the same amount and kind of work. An operating room nurse a few years ago undertook to secure from a number of hospitals, figures showing the amounts of certain supplies used. She found that in rubber gloves the amount varied all the way from 12 pairs a month for 252 operations to 300 pairs for 162 operations. In one hospital 80 towels is the average number used for an operation, while another operating room shows but 16 towels used on an average for the same kind of operation. The extravagance in the use of linen in the operating room cannot, of course, all be charged to the nurses, but undoubtedly much of it can, and the head nurse can do a good deal to check it,if she is so inclined. The costly equipment of the modern operating room and general surroundings tend to extravagance, and the pupil nurses often unwittingly and unintelligently, rather than intentionally, acquire the habit of lavish or extravagant use of linen and costly supplies. Gauze is so common, they think it must be cheap, rubber gloves likewise. They know no more of the cost of ligature materials than an infant, so that it is not surprising that when entrusted to handle such supplies, they cut the sutures and ligatures half as long again or twice as long as is necessary, and are blissfully unconscious as to the value of the ends which they sweep up after the operation is over. A systematic course of lectures on hospital economy, starting at the very beginning of a pupil nurse's course, and given

periodically two or three times a year to the different classes, would help a good deal in securing intelligent economy, and the co-operation of the majority in efforts to prevent waste. Ignorance as to the cost of supplies, as to how waste occurs—everyday general ignorance of values, and the lack of a feeling of responsibility on the part of internes, head nurses, and pupil nurses is responsible for much of the waste which we periodically discuss and deplore. Ignorance is always costly, and especially is this true of hospital work.

Some methods of checking waste which are in use in the Massachussetts General Hospital have been described by the present and former superintendents. It is stated that in the operating room each day a slip is made out and turned in to the proper authority, giving the name of the operator, number of sponges taken in to that operation, the number opened, the number used, the amount of catgut opened, and the amount used, the number of towels and various other details. With this information in hand it is easy to compare amounts used by different operators and nurses, and to check waste, because accurate facts are at hand to use.

Two of the main sources of waste are surgical gauze and food supplies. The system of saving gauze and washing and resterilizing it for use as was mentioned, it is stated by the superintendent that, "In the first eight months of 1904 we used over one hundred and forty miles of new gauze three feet wide. In the first eight months after the adoption of the system we used only 51 miles," and a saving of $3,000 in those months was effected.

Regarding the system of preventing waste of food supplies, the assistant superintendent says: "The tendency of most nurses is to put too much food on patient's trays, sometimes because they do not want to be bothered by serving more food if called for, or because they do not realize that sick people do not eat as much as healthy laborers. We try to have as many wards as possible visited at meal times by the dietitian, the assistant superintendents of nurses, and by assistant resident physicians. Head nurses are, of course, expected to watch the serving carefully. The result is that meals are more attractively served, and unnecessary waste is kept down."

In that hospital also a systematic inspection of the contents of scrap pails is made which results in the discovery of safety pins, rubber dam, knives, forks, and spoons, which, through the carelessness of somebody, have found their way into the waste pail to be burned. We could all add to this list, I am sure. The plan of a systematic inspection of garbage is one that is not commonly followed, judging by experience and observation, but the experience of this hospital shows that it pays well for the time it costs. If the scrap pails are all numbered, it is easy to locate the head nurse whose business it is, or should be, to prevent waste.

A good deal of misconception exists as to the actual cost of the training school, or of training each nurse, and as a matter of fact, we have very little accurate knowledge of the cost. The Worcester City Hospital a few years ago engaged an auditing company to establish a system of accounting which would make it possible to tell exactly what it costs to operate the different departments. They found the cost to the hospital of each nurse per day was,

in 1908, $1.06, and $1.08 the year before, or about $1,165 for the three years' course. Whether this is about the average cost in hospitals, as a whole, I do not know, but it costs more to train a nurse properly than it did ten years ago, and the probabilities are that the cost is not going to grow less. The training school that is properly housed, equipped, manned, organized and supervised, costs something, and the training school which does not cost much in time effort or money, is not worth much. I am fully convinced, however, that as our methods of instructing and supervising nurses, and systematizing our general work improve, as we gain more accurate knowledge of what our methods whether good or bad, cost, we shall come to a clearer realization that there is a very close relation between our training school and our training methods, and the size of the annual deficit. As we grow in wisdom and knowledge, we shall endeavor more earnestly to save from the scrap pails and the junk heap, in order that we may have more money to spend for paid instructors and supervisors and general improvements. Thus far we have not seen fit to include in our curriculum a course in tact, nor one in practical methods of economy—though we readily concede that both of these subjects are of very great importance, in successful hospital management. Perhaps in the future we shall be wiser. We shall find out yet many secrets in the line of economy in the daily routine. We shall save on the one hand that we may have more money to spend for practical improvements on the other. We shall, as we grow wiser, make it possible for every nurse superintendent to have a course in practical institutional management, before she assumes charge of a hospital or training school, and we shall turn out more economical, more widely intelligent nurses from our schools.

C. A. AIKENS.

THE SPIRITUAL SIDE OF NURSING.

That "spiritual fitness" is quite as necessary in a trained nurse as technical ability is asserted by William C. Graves, executive secretary of the Illinois Charities Commission, in an address on "The Nursing Spirit," made recently at a training-school commencement. In like manner, he says, the physician who inspires confidence by his healing spirit wins the battle against illness more quickly and more completely because of the stimulated hopeful attitude of his patient. This kind of applied psychology aids medicine and the knife in many a desperate case where heroic treatment tides over a crisis for a patient who is conscious of what the doctor is trying to do to help him:

"The same holds true of the nurse. Perhaps spiritual fitness in a nurse is more essential to the relief and care of a sick person than is the same quality in a physician. The nurse is in charge practically all the time. The doctor, as a rule, sees the patient at intervals. Hence it is a fundamental necessity that a nurse who wishes to succeed in the largest sense of the word must have the genuine nursing spirit. She must love to care for the sick. She must find her greatest compensation in the realization that persons curably ill are restored to health and the pleasures and comforts of life as the result in part of her tender and intelligent care; and that those who die pass into the great

beyond soothed by the knowledge that a sympathetic soul is watching over them.

"These standards may sound like the thunderings of a sermon, or like a scolding, in a period when too many nurses are coldly scientific in their service. If this is a sermon, very well! Let it be one. I have seen ultra-scientific nurses. It would appear almost that they suppress the sympathy, the tenderness, and the mothering instinct that are supposed to well up in the hearts of all women in the presence of illness and suffering, because it is wearing upon them to expend nervous energy in sympathy and the like, although they perform the specified duties with religious fidelity. Many of these women are most capable scientific nurses, but, if you were ill, which would you prefer, to have one of them care for you or one of those heaven-sent creatures whose gentle touch and whose encouraging words are added to scientific ministration as an anodyne for your troubled heart and a stimulant for your apprehensive spirit?"

In illustration of what he calls "the nursing spirit," the speaker related the following incident that occurred in Chicago during a period of intense heat:

"During one of these stifling nights an inspector visited the Cook County Hospital. In a certain bathroom was a heat case wallowing in a tub of ice-water. He was a Pole. He was muscular, his hair in a tousled mass was matted down over his eyes, his hands were knotted from hard work, he was indescribably filthy, and he kept up a combination moan and articulation of words nobody seemed to understand. His temperature was bumping the top of the tube. His death was a matter of a few hours. Beside the tub containing this brawny laborer stood what the novelists call 'a slip of a girl.' She was eighteen years old. Her brown, wavy hair, her large, blue eyes, set far apart and tender but full of the spirit of conflict, and the pink that came and went in her cheeks when she performed some unpleasant task, presented a striking contrast with her uncouth patient. She was working over him as if he were her sick baby. She was genuinely mothering a hulking, strange, sick man. When this young nurse paused for a moment in her exertions, the inspector, who had been looking on, said:

"'You seem to be taking pretty good care of that poor fellow.'

"'He needs it,' she replied.

"'Who is he?' the inspector asked.

"'I don't know,' she replied, 'but I do know that he has had a hard time and that he is very sick. The police brought him in.'

"'Do you think you are able to cure him?' the inspector ventured.

"'Yes, I do!' she cried. 'He must get well!'

"He died in the early hours of the next morning. The nurse's battle was a losing one. When the inspector was at the hospital again, he asked her how it was she was so sure that patient would recover. She smiled and said:

"'I never give up a patient unless he is dead. I am a nurse.'

"So she was. That young girl exemplified what I mean by the nursing spirit.

"Now there are nurses and nurses. Some are natural nurses, who possess only the nursing spirit. Some are scientific nurses, machine nurses, you might say, who secretly believe and sometimes openely affirm that they are just as competent as, or even more competent than, doctors. Some are nurses 'for the fun of it.' Some are nurses because they are pretty. Some are nurses because they are rich and don't know what else to do with their time. Some are nurses who work in sole anticipation of the 'day off.' Some are nurses only for pay. Some are nurses, who, like the bibulous and cucumber-loving Mrs. 'Sarey' Gamp, think of their comfort and not of the patient's welfare, and, also, 'stand in' with an undertaker who is 'right.' Some are nurses whose business I do not care to discuss before you. None of these nurses is fit for service . . . in these days of progressive and high-grade care of the ill. The ideal nurse, I think, is one who has the nursing spirit, who is neat, good, and wholesome, and who has acquired and can apply scientific knowledge of the art of nursing under the direction of a competent physician or surgeon."—The Literary Digest.

HISTORY OF THE LADY STANLEY INSTITUTE, OTTAWA.

In the latter part of the year 1889, Her Excellency the Lady Stanley of Preston originated a scheme which was destined to result in what is now known as "The Lady Stanley Institute," the home and school of the nurses of the County of Carleton General Protestant Hospital, but which was in the early days of its history an independent institution for the purpose of teaching and accommodating nurses, who were then sent out to do district nursing, private nursing and hospital nursing, as occasion required.

On February the 18th, 1890, at the suggestion and invitation of Her Excellency, a meeting was called, when, by formal resolution, practical effect was given to the inspiration of a few months previous. The first step taken by the Executive Committee, then appointed, was to decide that the proposed institute be named "The Lady Stanley Institute for Trained Nurses," thus identifying it permanently with the name of Her Excellency, who, with the Baroness McDonald of Earnscliffe, had taken a most active part in the promotion of the project. Her Excellency was appointed Honorary Vice-President. An appeal was then issued to the public for subscriptions, which was generously responded to, and in less than one year $13,885.50 had been subscribed. The provisional committee did not, however, await the collection of that amount, but in the spring of 1890 proceeded with the purchasing of a site, obtained, accepted and approved of a plan and specifications, then called for tenders for the work of construction. On the 14th of June, the same year, the Executive Committee called a meeting of the subscribers, submitted to them, and obtained their approval of a declaration and certificate of incorporation. Seven days later, after having secured the requisite statutory charter of incorporation, the work of establishing and maintaining the institute was handed over to a Board of Directors, who were elected by the subscribers. The necessary officers and committees were then chosen and by-laws adopted.

On the 21st of May, 1891, the institute was completed at a cost of $15,830, furnishings $3,000, making a total cost of $18,830.

The formal opening of the institute was by His Excellency the Governor-General, Lord Stanley of Preston, on the 21st of May, 1891.

Up to the time of the completion of this scheme there did not exist in Ottawa a training school for nurses, hence the move on the part of those who were familiar with the conditions, which called forth the inauguration of this necessary feature, in which Ottawa as a prominent city of Canada was lacking. Therefore, the institute was established for the education of women as nurses, and to afford a home for those who were graduated. A Lady Superintendent was appointed, two Graduate Nurses as assistants, and eight probationers comprised the Nursing Staff, thus the school became established. A short time later negotiations were entered into with the Protestant Hospital, whereby nurses of the institute were to receive practical experience in caring for the sick in the wards of the hospital. In addition to this experience in the hospital, nurses were sent out to do district and special nursing. At this time there were forty-five patients in the hospital.

A course of lectures was given to the nurses free of charge, by members of the Medical Staff. These lectures were open to outsiders at a small charge for the course. The Lady Stanley of Preston, from funds collected by herself, purchased a library of medical works at a cost of $70. In 1893, the Earl of Derby presented to the institute twenty-five shares of stock in the Rideau Skating Rink, which were sold to purchase a piano, which adorns the nurses' sitting room. In the same year the Countess of Derby, at her own expense, presented medals to the nurses on the day of their graduation. In 1901 the institute and hospital became amalgamated, the hospital accepting complete control and ownership of the institute, and thereby becoming responsible for its maintenance, and assuming all its liabilities.

At the present time, the institute, although no longer an independent institution, has lost nothing of its identity.

We may assume to believe that the philanthropic pioneers of this, the first training school for nurses in Ottawa, are happy in the knowledge that their earnest efforts have not been in vain, but, on the contrary, have resulted in an institution whereby over one hundred and fifty nurses have received a course of training, and received diplomas, fitting them for the work of administering comfort and care to many thousands during days and nights of suffering. The number of nurses on the Training School staff has continued to increase with each succeeding year, and at the present time consists of forty-four pupils, one Graduate Head Nurse, one Assistant Superintendent, and Superintendent.

The Lady Stanley Institute has the distinction to-day of ranking with schools of the highest standard in the State of New York. In the completeness of its curriculum, educational requirement, and average rank, it meets with all the requirements of the Statute of the New York Educational Department, with which it registered on the 21st of December, 1904, thus making graduated pupils of its school eligible for the State registration and duly qualified to use the title R.N.

In conclusion of this brief sketch of the history of the Lady Stanley Institute, it might be of interest to add a few lines in interpretation of the Stanley Crest, which is part of the Lady Stanley Institute seal. Its accompanying motto is: Sans Changer (Without Change).

The History of the Stanley Crest.

In the reign of Edward the Third, Sir Thomas Lathom married Eleanor Wodville. Only one child issued from this marriage, a daughter. Sir Thomas, seeing that the estates of Lathom, at his death, would pass to distant heirs in the female line, was very anxious for a son. Some years after his marriage a waiting maid of Lady Eleanor's household gave birth to a son. The mother, driven from Lathom through the severity of Lady Eleanor and neglect of Sir Thomas, resolved to destroy the child. To accomplish her object she wrapped the infant in swaddling clothes and placed it at the foot of an oak in Lathom Park, in which an eagle had built its nest. Sir Thomas, while hunting, heard the cries of the child as the eagle was in the act of raising it from the ground, and shot the eagle. Lady Eleanor took the child and adopted it. The boy grew up to manhood under her care, and became renowned for his great strength and daring. He became a great favorite of the King, who conferred on him the honor of knighthood, and the name of Lathom—Sir Oskatell Lathom. Sir Thomas, at his death, left Sir Oskatell a large part of his estates, including Lathom Castle. In the meantime, the daughter of Sir Thomas had married Sir John Stanley. Sir Oskatell never married. Being of a warlike spirit, he joined the English Army under the Black Prince, then in France, and was killed in the battle of Agincourt.

By his will, all his estates passed to Sir John Stanley, who adopted his Crest, the "Eagle and the Child."

FROM NEWFOUNDLAND.

This very interesting letter was written to the Alumnae Association of the Royal Victoria Hospital, Montreal, by Miss Gilmour, Grand Falls, Newfoundland. The story of a nurse's work and how emergencies are met is ever interesting to nurses, and our readers will be pleased to have the opportunity of reading this letter.

Miss Gilmour says:—

My work has in many ways proved novel and interesting since coming here, but chiefly so in connection with an outbreak of typhoid fever during last summer and autumn. I thought possibly you might be interested in hearing something of this, so have concluded to make this the theme of my letter to you.

To begin with, our little hospital, which was built to accommodate nine patients, was barely ready for occupation at the end of June, and even then not free from workmen. We were really not settled when our first typhoid case was admitted in the middle of August.

This one was soon followed by another, and then another, till all our beds were filled. All other patients but one were discharged in order to make room

for the new-comers. Extra beds were put in the ward, and the plan hit upon for the first extra beds we followed throughout, which was simply a bed spring or a cot, with a frame made of wood to rest upon, to raise them on a level with our hospital beds, and they proved very satisfactory.

The ward filled to overflowing, we next took possession of the solarium opening off it, where one, then two, and finally three patients were made room for.

After this, what was to be done? The cases were still cropping up, and had to be accommodated, so a temporary structure was built, leading off the solarium, which allowed room for sixteen patients.

In having this built, one end was left half open to allow for plenty of air, with simply a covering of wire netting, which latter was an absolute necessity to keep out the flies. Outside, two curtains were put up, which could be let down when required, these being made of very heavy canvas. Soon our beds here were filled, and we began to observe how rapidly the temperature of those near this open end of the building went down. One man, in particular, came in looking as sick and heavy as typhoids look when they are sick, and in two days was a source of never-ending wonder to us all. After a few days of this, suddenly one afternoon his temperature indicated a pack, and we found a blanket had been given him in the night and left on during the day, and it was rather a warm day. It was removed, and an hour after the temperature had fallen one whole degree.

Next we began to observe how much more quickly the patients in this "Annex" improved, than the ones in the ward. The windows were left wide open in the latter, and there was always plenty of fresh air, and the same treatment in every way was observed throughout.

On warm days the packs were many, and on cold days only an occasional one had to be given, and more likely none at all.

Very soon this building became too small and had to be enlarged, and later on, still further enlargement was necessary, until finally, at one time, we housed fifty-two patients. Still we found the patients near the open end improved more rapidly than the others, until it became a rule with us to put the sickest patients there, and in every case the treatment met with success. Many times a patient, say five or six beds down, would be having packs regularly every four hours, or nearly so, and when put in this bed would probably have only one in the twenty-four hours.

As the time went on and the weather became cold, it was necessary to have some stoves put up, and those near the stoves improved so slowly, comparatively, that eventually we put the convalescing ones near them. These people love a stove as they love their lives, but all wanted to keep away from them, and one case comes to my mind at the moment where we had to move a convalescent away from it, as he was so afraid it would do him harm, and, true enough, he did better after he was moved. Of course, in his case it was a mental condition, I feel sure; I only mention it to let you see how the patients themselves became convinced of the fact. On entering the hospital, the heads were shaved, and whether it was due to the continual cold on the shaved heads or not, I cannot say, but though they had headache when they came in, there

was comparatively little after the first day, and I am convinced this was the reason. Ice-caps were discarded very early in the outbreak. As the weather became colder, it was a problem how to have them comfortable at night. The daytime was all right, but the nights here are very cold in the autumn. One dozen hot-water bags and one-half dozen hot-water tins were a very liberal supply for nine patients, but did not go far with fifty, and while extra blankets were, of course, brought into requisition, they did not seem to meet the requirement. Hot bricks were suggested, and these proved most satisfactory. Every night one, or more if necessary, was wrapped in paper and placed in each bed, and though the occupant of the bed was not hot, I can assure you he was warm enough, and thus we managed to keep them comfortable.

As the weather became colder, the advantage of the cold was more markedly demonstrated (and some nights it was dreadfully cold, too). Numbers of the cases who would have a temperature of 104 degrees or thereabouts on admission, would in a day or two drop below packing point and stay there. When they came in they looked typical typhoids, heavy and sick, but in a day or two the majority of them looked as if very little was the matter with them, and I am convinced that it was due to the amount of fresh air and the coolness of it.

Now as to results: Out of one hundred and eight cases there were only two deaths, and in reality only one from typhoid, for one of the two, a woman who had been dreadfully ill and was well enough to be out of bed, went right down again, with nothing to point to a relapse and a great deal to a tubercular condition, so you will see it was less than one per cent. Do not think they were not sick; they were; we had bad hemorrhages and other complications, and two or three delirious at a time. Many, many of them had a heavy dose of it.

When they left the hospital, they all looked remarkably well for typhoids, and with such pressure as there was, you may rest assured that they were sent out as soon as it was at all possible for them to go. This may possibly be no new thing to most of you, but I must admit it was interesting to me.

The idea of having plenty of cool air came to us in this way: The reason for cold treatments at intervals is to reduce the temperature and save tissue waste. Now, if this can be done constantly, and not every three or four hours, why should it not be advantageous, besides avoiding the nervous disturbance that necessarily comes with these cold treatments? And I think the wonderfully good condition in which they left us showed how much was due to the constant cold keeping the temperature down to a point where the tissue waste is comparatively little, if any, above normal.

No patient was allowed to see more than one visitor a day, and then for five or ten minutes only, and this, we feel, was most beneficial. They knew they would have no more, and their friends understood the same, and there was an end of it, at least in so far as the patients were concerned. Of course, we had more trouble about it, but in almost every case the friends submitted with very little objection when the matter was explained to them, and, as everyone was treated alike, there was no dissatisfaction about it.

One other interesting feature I must mention, and that is in connection with the nurses themselves. Two of them, who worked practically nowhere else but in the "Annex," daily added to their weight, and when they returned home, their friends thought by their appearance that they had been away for a holiday; and if ever nurses worked hard, I can assure you these two did, but their work in the fresh air, even though they were hard at it, had this good effect upon them. When they commenced work in the morning, at first they shivered with the cold, but soon became used to it, and enjoyed working there better than inside the hospital, except on bitterly cold days, when, I fear, it was rather a fight to see who could wash the diet cups, as they could then get their hands in hot water. Still, they did not mind all this, and as we saw the effect of the cold, we were intensely interested, and did not mind what we did so long as the result was so satisfactory.

Of the time we had arranging to look after all these and providing for them, we will say little. It can be better imagined than described. Gowns and bed linen for the patients, where it is almost impossible to find anyone to do any sewing for you; accommodation for eight nurses, instead of two, and everything in proportion; but we came through it all right, tired out, we will acknowledge, but feeling thankful for the result. There is a certain satisfaction, too, in having carried it through. It was the exception to have any patient leave without expressing very decidedly his appreciation of the care received, and this is always helpful.

The company gave me a perfectly free hand from the first, to do whatever I thought necessary. This was the greatest help imaginable, and I shall never forget their appreciation of the work we did.

THE NURSING MASQUE.

The wonderful demonstration of the Evolution of Trained Nursing was such a picture as those who saw will never forget. What an education it was, too! The British Journal of Nursing says:—

"Trained nurses are proud of the traditions of their profession, and jealous of its honor, and they were therefore keenly appreciative of the proposal that the Evolution of Trained Nursing should be demonstrated by a pageant and masque, in which their aspirations should be represented by beautiful imagery, and some of the principal characters of the past represented in living pictures. No better method could be adopted of informing the public how throughout the ages illustrious men and women have served the sick, and handed down to their successors traditions of devotion and heroism which cannot be excelled, and which must inspire every nurse worthy of her calling to combine with the greater knowledge of the present the rare courage and self-sacrifice characteristic of a long line of predecessors whom she must ever hold in honor. Moreover, the pageant was designed to support the Bill for the State Registration of Trained Nurses, and on that ground alone commended itself to the more intelligent.

"The pageant and masque took place on February 18th, in the Connaught Rooms, Great Queen Street, W.C., and from beginning to end was an unqualified success—indeed, more than a success, a triumph. The guests were re-

ceived by a Reception Committee, which included Lady Wynne, Mrs. Alec Tweedie, Mrs. Mackenzie Davidson, Mrs. Timbrell Bulstrode, Mrs. Walter Spencer, Miss L. V. Haughton and Miss M. Huxley, in the vestibule at the head of the stairs leading to the Grand Hall. The reception was announced for 8 o'clock, but an hour before that time the guests began to arrive, and they poured in continuously in a steady stream until the hall was filled by an expectant audience of nearly 800 people.

"At the further end a dais decorated with choice white flowers and green foliage was erected, on which was placed the throne of Hygeia, and expectation was at its height when the picturesque master of ceremonies announced:

"'My Lords, Ladies and Gentlemen,—Pray silence for the Pageant and Masque on the Evolution of Trained Nursing and the Right of Life to Health. Hygeia, Goddess of Health, will now lead the procession of Immortals.'

"Then the great doors at the end of the hall were opened, and Hygeia, impersonated by Miss Irene Fergusson, appeared; a vision of loveliness in white archaic Greek draperies, her classical head and fair hair crowned by a wreath of golden laurels. Round her arm was twined a glittering green serpent, with ruby eyes, emblem of the wisdom of the healing art, and she carried its golden bowl. As she moved slowly up the hall, attended by the elements, Earth, Air, Fire and Water, she appeared the incarnation of health, life and beauty. After her came the Spirit of Nursing, Miss Cecilia Cecil, in soft pearl grey, with a galaxy of Attributes—a charming group, in the colors associated with their virtues. Every detail of their dress had been most carefully planned, and the result was most harmonious and effective."

Speaking editorially on "The Spirit of the Pageant," the same journal says:—

"No account of the Pageant on the Evolution of Trained Nursing would be complete without an attempt to give expression to the spirit which inspired all those who took part in it. The charm with which Miss Irene Fergusson played her part as Hygeia, the earnestness of Miss Cecelia Cecil, who entered so thoroughly into the Spirit of Nursing that she seemed its incarnation, and the skill of Miss Winifred Bridger as Science, were realized by everyone present. But in addition to the principal actors, the pageant owes much to the large number of matrons, sisters and nurses, as well as to the medical men, who took part in the procession, and demonstrated that the spirit of devotion to the sick is confined to no age, no country, and no creed, but that men and women of all ages have spent their lives in the service of their fellows.

"To interpret this spirit, to honor the heroes and heroines of the past, to show what waste of life, and of service, result from lack of knowledge, and thus to demonstrate the justice of the demand for a uniform minimum educational standard for nurses, the attainment of which shall be followed by their registration by the State, was the task to which the National Council of Nurses set itself. And to this end everyone brought her best. Miss Mollett, her clever pen which produced a masque of high literary merit, Miss F. Sleigh, her exquisite needlework in fashioning many of the beautiful banners which formed so notable a part in the procession, and hundreds of others the best talents which they could lavish.

"Everyone who saw the procession on Saturday last, at the Connaught Rooms, must have realized that a wealth of thought and work had been expended on the various details to bring it to the perfection attained, for perfection of detail was perhaps its chief note, nothing tawdry, nothing garish found place in it. Nurses were there to do honor to their profession, and they brought the best they had to give. It was this which so impressed those present, and the description of the pageant by the Daily News as a 'beautiful spectacle in aid of a cause,' characterized by 'dignity, picturesqueness, and an atmosphere of indefinable charm,' probably voices the feeling of everyone in the hall.

"In addition, there was an underlying electric current of intense earnestness, which found outward expression when the banner 'State Registration' was acclaimed with manifest depth of feeling. The pageant should be as perfect as possible, because it was in support of a cause of supreme importance to the sick, of supreme importance to trained nurses. This was the spirit which impelled nurses to spare no pains to make it a success, what matter though they encountered opposition and misrepresentation in so doing.

"For more than twenty years men who oppose the petition of nurses for registration have used similar weapons in their unworthy and unmanly opposition to the just demands of a body of women, whose services are indispensable to the community and the State, but they have failed, as they must fail, because they cannot realize that the conviction with which they are confronted eludes such methods, and that the inexorable law of evolution will prove their Nemesis."

THE SCHOOL NURSE.

The Canadian Public School Nurses' Association held its monthly meeting on April 3rd, at the Brown Betty, 42 King Street East, Toronto. The President, Miss L. L. Rogers, occupied the chair. Fourteen new members joined the society. At the close of the business meeting, a very enjoyable time was spent while refreshments were being served.

Miss Ella J. Jamieson is spending a very pleasant holiday at Sault Ste. Marie, where she has gone to rest after a year's hard work. Miss Ida M. Boyce is acting as substitute during Miss Jamieson's absence.

Miss Gertrude Forbes, R.N., has completed her month's post-graduate in school nursing, and is acting as substitute during the month of April on Miss Rogers' staff.

Miss Jennie N. Irving has completed her post-graduate course and has taken up district nursing.

The Toronto School Nurses are receiving a course of lectures at the Dental College, that they may more readily detect abnormal conditions in the mouths of the children.

During the month of March the School Nurses succeeded in having 333 children get their teeth filled, 54 have tonsils and adenoids removed, and 78 fitted with glasses.

On April 5th Miss Lina L. Rogers, R.N., addressed the graduating class of the Royal Victoria Hospital.

GLEANINGS

It is not known to all nurses, says a writer in the Hospital Review, that flies and mosquitoes hate the smell of lavender. In my nursing I managed to secure sleep for a fly-tormented patient in the following simple way:—Pour into an atomizer a teaspoonful of oil of lavender, add to this as much alcohol as will make a saturated solution. Lightly spray a pillow with this, and place it under the patient's head. If the flies are very bad, cover the eyes and nose, and spray hair, night dress and bed clothes. Not a fly will come around while the odor is perceptible.

DRY IODIN CATGUT.

Ordinary catgut, just as it is bought from the dealers, is wound on to the well-known glass spools, in a single layer, and fastened at both ends, so as to prevent unraveling. It is then placed for five days in a 5 per cent. alcoholic solution of iodin in a tightly closed vessel (museum jar). On removal it is spread out on a sterile towel, covered by another sterile towel to facilitate drying, and is finally kept in a sterile container. Moscheowitz (Annals of Surgery) has proved to his own satisfaction, clinically as well as experimentally, that this dry iodin catgut is absolutely sterile. It is impossible to infect it by ordinary means. Its imbibition with iodin is not suffieient to act as an irritant on the tissues. Its tensile strength is superior to catgut prepared by other methods, and it is absorbed only after it has served the purposes for which it was intended.—The Dietetic and Hygienic Gazette.

Egg Cocoa.—Make the cocoa in the usual way, and when it has cooled slightly, stir in an egg just beaten enough to separate it, not enough to make it foamy. This is a good disguise for egg.

Silver nitrate stains may be removed from towels by soaking them for two hours in a solution of bichloride of mercury (1-250).—The Trained Nurse

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THE ART OF MOVING THE PATIENT.

In transferring a patient from one bed to another, or from a stretcher to a bed, it often happens that nurses, for lack of a knowledge of the right technique, do not accomplish this duty with the maximum comfort to the patient or the minimum expenditure of strength on their own part.

The right technique is to have the bed to which the patient is moved either at right angles to the one on which he is lying, or with its head on a line with the foot of the other. Both nurses then stand on the same side of the patient, and between the two beds, if they are side by side. One supports the head and upper part of the trunk, and the other the lower part of the trunk and the legs. The one in charge of the lower half of the patient then describes a quarter circle, or half circle, as the case may be, the other one following her lead. The move is thus accomplished with ease. If a patient is not very helpless and heavy, it is quite easy for one nurse to move him in this way.

The method is worthy of note as one by which it is easy, in the ordinary daily bed-making, to move a patient for a few minutes on to an empty bed while his mattress is turned.—British Journal of Nursing.

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Editorial

A SERIOUS QUESTION.

The question of the amalgamation of the two Associations—The Association of Hospital Superintendents of Canada and The Canadian Society of Superintendents of Training Schools for Nurses—will come before the convention at Niagara Falls in May. All Superintendents of Hospitals and Superintendents of Training Schools—in fact, all nurses— are keenly interested in this question. Much may be said against the multiplication of organizations, but is it an unnecessary multiplication in this instance? The problems of the Superintendent of the Training School are not the problems of the Hospital Superintendent.

It is true that, in many of the smaller hospitals, one person holds both positions, but when we think of the vast number of nurses who will be affected by the loss of the identity of the Superintendents of Training Schools for Nurses, the grave importance of this question is forcibly brought home to every nurse in Canada.

THE NEW GENERAL HOSPITAL.

The cornerstone of the new Toronto General Hospital was laid on April 11th, at 11 a.m., by His Excellency, Earl Grey, Governor-General of Canada. Mr. J. W. Flavelle, chairman of the Board of Governors, presided. Addresses were given by President Falconer, of the University, Mayor Geary, Sir James Whitney and His Honor, Lieutenant-Governor Gibson. Rev. Dr. Carman read the Twenty-third Psalm, and Bishop Sweeney offered prayers appropriate to the occasion. His Excellency, Earl Grey, then proceeded to lay the cornerstone with the beautiful silver trowel, suitably engraved, which was presented to him for the purpose. His Excellency gave a short address, and the singing of the National Anthem closed this interesting and important ceremony.

FORWARD ALWAYS.

Another step gained in the forward march of Registration for Nurses! The nurses of Oregon have secured State Registration. Miss Linna G. Richardson, who was appointed to look after the interests of the Bill at the capital, states:—"The Oregon Bill for Registration passed through both houses * * * without suffering mutilation in any way * * *." This speaks volumes for the careful, tactful work of Miss Richardson. The Examining Board is composed entirely of nurses.

"The Canadian Nurse" extends its most hearty congratulations to the Oregon State Association of Graduate Nurses.

AN OUNCE OF PREVENTION.

The International Commission on Control of Bovine Tuberculosis met in Buffalo on February 27th. It was decided to prepare a pamphlet on this important subject for wide distribution. Information of this kind will be of immense value in educating the public to the dangers of impure milk. "An ounce of prevention is worth a pound of cure" is always applicable. This Commission meets in Toronto late in Auugst.

THE QUEEN'S NURSES' MAGAZINE.

This magazine, now in its seventh volume, has entered upon a new stage in its history. The Council of the Queen's Institute, realizing the value of the magazine to Queen's Nurses, has undertaken the financial and business management. An Editorial Committee has been appointed, of which Miss Amy Hughes is President and Miss L. A. Maule has been appointed Assistant Editor.

Lady Hermoine Blackwood has done noble work in establishing this magazine, having borne the whole burden during these six years. Queen's Nurses, and, indeed, all nurses, owe her their deep and abiding gratitude.

THE NEED EMPHASIZED.

Kai Liaki, the journal of the nurses of New Zealand, giving some observations of nurses who have visited England, says:—

"There is practically no protection for the trained nurse in England. Women with little or no training at all get work as easily as those holding hospital certificates. The majority of the medical men and trained nurses are making a big fight for State Registration, and the public are at last waking up to the fact that they are often defrauded, and instead of having skilled nursing for cases of illness, are often attended by ignorant women."

It is only when such an opportunity makes it possible to compare conditions that the nurses of New Zealand realize how much State Registration has done towards keeping up the standard of nursing there.

The same lack of protection is found here. But there is a hopeful indication that nurses all over Canada are beginning to realize that an earnest, combined effort must be made to correct this condition of things.

Will the testimony of the New Zealand nurses not spur us on to greater and more united endeavor to place our profession on the high plane it should occupy, and give to its members the benefits and protection of Registration.

THE TRIENNIAL MEETING.

The triennial meeting of the Canadian National Association of Trained Nurses will be held at the Public Library, Niagara Falls, Canada, May 22nd, 1911, at 2 o'clock in the afternoon. All affiliated associations are earnestly requested to send delegates to this meeting at which it is proposed to complete the organization of the Society, receive reports and elect officers for the ensuing three years. Addresses will be delivered by Miss Goodrich, President American National Association, and by Miss Snively, President of "The Canadian National Association of Trained Nurses."

NOVA SCOTIA GRADUATE NURSES' ASSOCIATION.

The monthly meeting of the Nova Scotia Graduate Nurses' Association was held at Restholm on April 1st. Owing to the unavoidable absence of several members of the Executive Committee during the month of April, it was decided that the proposed sale of work in aid of a Nurses' Sick Benefit Fund should be postponed until the autumn, the committees remaining as previously elected.

Miss Kirke and the nurses of the Victoria General Hospital, and Miss Sampson and the nurses of the Nova Scotia Hospital, have promised to make themselves respectively responsible for the principal booths of fancy and plain work. The Department of a Nursery Booth is to be in charge of Miss F. Fraser, R.N., of the Halifax Children's Hospital, assisted by nurses of Restholm and Miss Wrayton.

Contributions of several articles for the sale have already been received from members of the Association and from others interested in the object.

Monthly reports from the secretary and treasurer were submitted. The registrar reported that the number of private nurses registering this spring had been insufficient for the demand.

During the month of March forty-one calls for Graduate Nurses had been received. On two occasions attendants (uncertified nurses) had been accepted as substitutes; on three occasions Graduates had been temporarily supplied from the Restholm staff, and for two calls no provision could be made. Several members on the Register of Private Nurses had recently left the city, Miss Archibald, Miss Horton, Miss Murray and Miss Minard to practice their profession in Western Canada; Miss Barrington traveling in Europe, and Miss Graham also on a vacation trip.

Other nurses had accepted institutional vacancies: Miss E. Corey, Supt. Nurse, Kentville Sanatorium; Miss K. Dowd, Head Nurse, John Backster's Hospital, U.S.A. Miss M. Wrayton is Superintendent St. Joseph's Hospital, Glace Bay. Miss F. Sheridan is on staff (temporarily) of Halifax Children's Hospital. Miss Corbreen is on staff at Restholm, Halifax; Miss K. Christian on staff of Restholm, Halifax. Misses Bettier and Sullivan are on staff of Medical and Surgical Hospital, Bar Harbour, U.S.A.

BIRTHS.

CARDER—December 24th, 1910, to Dr. and Mrs. E. D. Carder, a daughter. Mrs. Carder was formerly Miss B. McLennan, Vancouver General Hospital.

PAIN—At Fisherville, on February 4th, to Dr. and Mrs. Albert Pain, a son. Mrs. Pain (nee Margaret Melrose) is a graduate of Hamilton City Hospital, Class '09.

CHILDS—At 119 Hughson St. North, Hamilton, on February 13th, to W. H. and Mrs. Childs, a son. Mrs. Childs (nee Josie Mayne) is a graduate of Hamilton City Hospital, Class '06.

McMAHON—At 212 West Fortieth St., New York, on February 8th, to Dr. and Mrs. John J. McMahon, a son. Mrs. McMahon (nee Frawley) is a graduate of St. Michael's Hospital.

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Regular meeting, second Tuesday, 3 p.m.

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President, Miss Power, 9 Pembroke St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Miss Ryan, 491 Broadview Ave.; Secretary, Miss O'Meara, 9 Pembroke St.; Treasurer, Miss MacNevin, 686 Euclid Ave.

Board of Directors—Miss Greene, Hospital for Incurables; Miss Kelly, 80 Euclid Ave.; Miss Blaney, 379 Ontario St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor.

Representatives on Central Registry Committee—Miss Greene and Miss Kimmett, 418 Sumach St.

Representative "The Canadian Nurse"—Miss Stubberfield, Home Hospital, Gloucester St.

Regular meeting, second Monday, at 3 p.m.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL.

President, Miss N. J. Burnett, 423 Main St. East; Vice-President, Mrs. A. W. Newson, 87 Pearl St. North; Recording Secretary, Miss D. E. Street, 200 Hughson St. North; Corresponding Secretary, Miss Etta McLeay, Mountain Sanitorium.

Executive Committee—Mrs. Margaret Reynolds, 87 Victoria Ave. S.; Miss Ida Ainslie, 45 Bay St. S.; Miss Bertha Miller, 87 Victoria Ave. S.; Miss Elizabeth Aitkin, 198 Hughson St. N.; Miss E. J. Deyman, 87 Victoria Ave. S.

Regular meeting, first Tuesday, 8 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss Mannering; Secretary, Miss McElheran, Riverdale Hospital; Treasurer, Miss Fogarty, corner Pape Ave. and Gerrard St.

Sick Visiting Committee, Misses Bishop and Luney; Programme Committee, Misses Stretton, Piggott and Murphy; Executive Committee, Misses Gate, Whitlam, Day and Nicol.

Representatives on Central Registry Committee—Misses Argue and Mannering.

Representative "The Canadian Nurse"—Miss McNeil, 505 Sherbourne St.

Regular meeting, first Thursday, 8 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, 290 Macpherson Ave.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, 171 Delaware Ave.

Board of Directors—Misses Pringle, Waddell, Kinder, Hamilton, Griffith, Wilson, and Mrs. Valentine.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Waddell.

The Canadian Nurse Representative—Miss M. S. Wilson, 434 Markham St.

The Association meets every six weeks.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

WAR OFFICE, LONDON, S.W., 14th March, 1911.

The following ladies have received appointments as Staff Nurses:—

Miss V. L. W. Bird.
Miss A. Bradley.
Miss C. V. E. Thompson.

Transfers to Stations Abroad.

Sisters.

Miss E. Foster, to Malta, from Royal Victoria Hospital, Netley.

Staff Nurses.

Miss G. H. Sellar, to Egypt, from Military Hospital, Curragh.
Miss K. F. G. Skinner, to Egypt, from Military Hospital, Curragh.
Miss C. Macrae, to Gibraltar, from Military Hospital, York.

Promotions.

The undermentioned Sister to be Matron:—

Miss F. M. Hodgins.

E. M. McCARTHY,
For Matron-in-Chief, Q.A.I.M.N.S.

My Scallop Shell of Quiet

Give me my Scallop Shell of Quiet
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage,
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul, like quiet palmer,
Travelleth toward the land of Heaven.

. . . . . .

My soul will be a-dry before,
But, after, it will thirst no more.

"Grant unto us, Almighty God, of Thy good Spirit, that quiet heart, and that patient lowliness to which Thy comforting Spirit comes; that we, being humble towards Thee, and loving toward one another, may have our hearts prepared for that peace of Thine which passeth understanding; which, if we have, the storms of life can hurt us but little, and the cares of life vex us not at all; in presence of which death shall lose its sting, and the grave its terror; and we, in calm joy, walk all the days of our appointed time, until our great change shall come. Amen."—George Dawson.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 615 a.m Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.
Chaplain—Rev. F. G. Plummer.
Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p,m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

THE PRAYERS.

I was in Heaven one day when all the prayers
Came in, and angels bore them up the stairs
Unto a place where he
Who was ordained such ministry
Should sort them, so that in that palace bright
The presence-chamber might be duly dight;
For they were like to flowers of various bloom;
And a divinest fragrance filled the room.

Then did I see how the great sorter chose
One flower that seemed to me a hedgeling rose,
And from the tangled press
Of that irregular loveliness
Set it apart—and—"This," I heard him say,
"Is for the Master:" so upon his way
He would have passed; then I to him:—
"Whence is this rose? O thou of cherubim
The chiefest?" "Know'st thou not?" he said and smiled,
"This is the first prayer of a little child."

—T. E. Brown.

The annual meeting will take place on the 10th or 17th of June.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908).

President, Miss Bella Crosby, 41 Rose Ave, Toronto; First Vice-President, Miss A. I. Robinson, Galt; Second Vice-President, Mrs. W. S. Tilley, Kingston; Recording Secretary, Miss E. Ross Greene, Hospital for Incurables, Toronto; Corresponding Secretary, Miss Lucy Bowling, 47 Metcalfe St., Toronto; Treasurer, Miss Mary Gray, 505 Sherbourne St., Toronto. Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Miss A. J. Scott, 11 Chicora Ave., Toronto; Miss K. Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 7 Wells St., Toronto; Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Mrs. Downey, 554 College St., Toronto; Miss Janet Neilson, 295 Carlton St., ; Toronto, Miss J. C. Wardell, 171 Delaware Ave., Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss M. L. Barnard, 608 Church St., Toronto; Miss Ewing 569 Bathurst St., Toronto; Miss O'Connor, St. Michael's Hospital, Toronto; Miss Kennedy, 1 Lakeview Ave., Toronto; Miss Jamieson, 23 Woodlawn Ave., E., Toronto; Miss De Vellin, 505 Sherbourne St., Toronto. Conveners of Standing Committees—Legislation, Miss Mill Pellatt; Revision of Constitution and By-Laws, Miss M. J. Kennedy. Press and Publication, Miss Brent. Representatives to The Canadian Nurse Editorial Board, Miss A. J. Scott, Miss E. J. Jamieson. Representatives to Local Council of Women, Misses Neilson, Wardell, Irvine and Smith.

The Executive is anxious that all members return their ballot papers, carefully marked, not later than May 15th, so as to allow time to count votes and prepare report. Only those members who are in good standing have received ballot papers. The constitution says:—"No member shall hold office or vote at any meeting who is in arrears to the treasurer." All members are urgently requested to inquire into their standing, as it is particularly desirable that all members should be in a position to vote on the proposed Bill for Registration.

Members attending the annual meeting will kindly note arrangements re railway rates in April number.

The proposed Bill appeared in "The Canadian Nurse" for March. Bring your copy with you. Information as to accommodation at Niagara Falls may be obtained from Miss Rogers, Superintendent General Hospital, Niagara Falls, Ont.

The treasurer's name and address appear in the above list of the Executive.

CHIEF SUPERINTENDENT'S REPORT, 1910.

As the months go round and the time for an annual report of the Victorian Order of Nurses returns, we take a survey of the many branches throughout the Dominion, note a gain here, a loss there, a deepening and a strengthening in some parts, and a laxity in others, and then decide whether or not the year has been a successful one. The year which has just closed has been a hard one in many ways, but, when all is told, it must be said it has been a very satisfactory one.

From the statistical returns, we have increases to report. The nurses have cared for, in the districts and hospitals, 18,189 patients, and the district nurses have made 127,353 visits, 4,293 of which were in answer to night calls. Five hundred and eighty-one days' continuous nursing were reported. The increases over last year's reports are: 3,609 patients, 26,727 visits, 3,256 night calls and 51½ days' continuous nursing.

Forty-nine nurses have been admitted into the Order—six of whom were re-admissions—three are on the reserve list and 27 have resigned. Of these, 11 have retired to be married, one to take up other work, two from unfitness for the work, three on account of ill-health, and 10 from other causes. The total number of nurses now working for the Order—not counting the emergency and relief nurses—is 160, an increase of nine. They are distributed as follows: Victorian Order nurses in the hospitals, 32; Victoria Order nurses in the districts, 64; nurses taking the post-graduate course in the training homes of the Order, 37; nurses in training in the hospital training schools, 27.

Thirty-nine visits of inspection have been made by the Chief Superintendent, and nine with a view to organizing.

Three new branches have been opened, viz.; Districts at Victoria, B.C., and Cobalt, Ont., and a small emergency hospital, under the Revelstoke Hospital Society, at Chase, B.C.

Nine branches have increased their nursing staffs during the year, viz.: Vancouver, Revelstoke, Yorkton, Winnipeg, North Bay, Ottawa, Montreal, Toronto, Sydney.

The losses to be recorded are: Queen's Hospital, Rock Bay, which was burned during the summer. The Columbia Coast Mission will rebuild there,

(*Continued on page 240*)

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORTED 1901.

President—Miss Phillips.

Vice-Presidents—Miss Tedford and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Registrar—Mrs. Berch, 175 Mansfield Street.

Reading Room—The Lindsay Building, Room 611, 518 St. Catherine Street West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, the first Tuesday in the month, at 8 p.m.

The usual monthly committee meeting was held on April 4th in the Nurses' Reading Room. For the first time in several months, only a few names were handed in to be proposed at the meeting on Tuesday evening.

Dr. T. A. Starkey gave a most interesting lecture on "Hygiene." He showed some slides picturing different microbes, and explained that these microbes depended on heat and moisture for life. The direct rays of the sun are powerful germ destroyers, therefore ward off disease by a plentiful supply of fresh air and sunlight. It is not enough to help the patient back to health; you must teach him how to keep well by explaining the value of cleanliness, fresh air and sunlight.

He told of his experience in jails and slums, where filth was so often responsible for disease.

Miss Leaford proposed a vote of thanks to Dr. Starkey for his most interesting lecture, and a social cup of coffee brought the meeting to a close.

Miss Vivian Petrie, Englewood Hospital, N.J., is on night duty at Lachine General Hospital.

The C.N.A. extend their sympathy to Miss Smarden, who recently lost her mother.

Miss Phillips and Miss Hiel were the guests of the Woman's Club at their dinner, given in commemoration of the nineteenth birthday of their organization. Afterwards, many of the members repaired to the Conical Chamber, Board of Trade, and listened with interest to Dr. Perrin, of Boston, who gave the history of the origin of the Franklin Square House. He felt sure there would be no difficulty in securing such a club in Montreal, and it would mean so much to many hundreds of girls who at present are obliged to live in indifferent lodgings. Colonel Burland and Mr. Hanna also spoke in favor of such an undertaking and offered some suggestions.

HOSPITALS AND NURSES

The Graduate Nurses of Saskatchewan have organized a Provincial Association. Miss Jean E. Browne, Graduate Toronto General Hospital, Class '10, who has recently been appointed School Nurse in Regina, is the secretary. We wish this Association every success in its work.

Miss E. J. Jamieson, of the School Nursing Staff, Toronto, is on sick leave, and has gone to Sault Ste. Marie to recuperate.

Miss Clara Evans, Graduate Toronto General Hospital, Class '01, is Assistant Superintendent at present at the Hospital for Incurables.

The nurses of Brandon met on the 24th of February and organized. Many matters of interest were discussed. A new regulation was adopted re rates for private nursing: Infectious cases, $4.00 per day; maternity cases, $25.00 per week; general work, $21.00 per week.

Miss Mary Martin, who has been Superintendent of the Royal Columbian Hospital, B.C., for the past eight years, has resigned. Addresses of appreciation from the Hospital Board and the Nursing Staff were presented to Miss Martin. The position is now filled by Miss Jessie Scott, formerly Assistant Lady Superintendent of Toronto General Hospital, and late Superintendent of Calgary General Hospital.

Mrs. Williamson, Matron of "Brooklands" Hospital, Cape Breton, has resigned to take up the work of assistant to the Medical Health Officer of Fort William.

Miss Putman, Graduate of Montreal General Hospital, has taken charge of "Brooklands" Hospital.

The annual dinner given by the Alumnae Association of the Royal Victoria Hospital to the graduating class, took place in the Nurses' Home on Thursday, March 30th, at 8 p.m., when graduates from nearly every class were present, six of the first class of 1896 being among the number. The dining room was prettily decorated with pink carnations, smilax and pink ribbons. The dinner was exceedingly nice, and the various speeches in response to the toasts were much enjoyed. Miss McIntosh was toast-mistress. Miss Grant, the President, gave the toast to "The King," and read a letter full of good wishes to old and new graduates from the former President, Miss Gilmour. Miss Clint, in proposing the toast to "The Graduates," made a very happy speech, which was responded to by Miss Turner. Miss Bryce replied to the toast of "The Governors," speaking of their kind interest in the work and pleasure of the nurses. Miss Domville proposed the health of Miss Hersey, the Superintendent, and Miss Goodhue, in a very feeling and delightful manner, spoke of "Our Absent Friends," scattered as they are now all over the globe, and of the comparatively few, we are glad to say, who have passed to the "Great Beyond," but whom we still cherish in our hearts.

The graduating class, which numbers nineteen, finish their course on April 5th, when the graduating exercises will be held. The good wishes of the Alumnae, of which we hope they will all be members, go with them in their various spheres of work, and we trust they will look back with pleasure to the dinner of 1911.

Miss McLeod, Graduate of Royal Victoria Hospital, Montreal, Class '06, who has been in San Francisco, engaged in the nursing work of the General Hospital there, has returned to Montreal, and is now in charge of the woman's medical ward in the R.V.H.

Miss Tolmie, Superintendent of the John H. Stratford Hospital, Brantford, and Miss McNeill, Head Nurse, have resigned. These ladies have been connected with the hospital for twenty years, and have done splendid work, often under discouraging conditions, and it is with great reluctance that their resignations have been accepted.

The Graduate Nurses of Brandon have recently formed an Association, and the following officers have been elected: Hon. Pres., Miss E. Birtles, Supt. General Hospital; President, Miss C. Kettles, 338 Louise Ave.; First Vice-President, Mrs. J. Keating, 338 Louise Ave.; Second Vice-President, Miss M. Foote, 104 First St.; Secretary-Treasurer, Miss R. F. Ashcroft, General Hospital. The nurses have felt for some time the need of this Association. In the past so many non-graduates and experienced nurses have been engaged in the work, and the fees charged have varied so much, that an organization of some kind was necessary for the protection of both nurses and patients. We are now conducting our own Registry, and are proud of the flourishing condition of our Association. Brandon nurses want Provincial Registration, and our Association is prepared to help in any way possible.

R. F. ASHCROFT, Secretary.

The officers and members of the Toronto Western Hospital Alumnae Association entertained their friends at their annual "At Home" on Thursday evening, March 30th, in the Nurses' Residence, 24 Rosebery Ave. The graduating class contributed a very enjoyable programme of music and readings. Refreshments were served, and a very pleasant social hour was enjoyed by all.

The regular monthly meeting of the Alumnae Association of the Toronto General Hospital Training School for Nurses was held in the lecture room of the Nurses' Residence on the afternoon of April 7th. In the absence of the President, Miss Ellis, First Vice-President, occupied the chair. Before the business session closed, the members were delighted to see Miss Snively enter, and greeted her very enthusiastically. Miss Grace A. Hodgson, late Superintendent of the Eye Hospital, Washington, gave a most interesting paper on "The Hygiene of the Eye and the Care of a Patient Before and After Operation for Cataract." Miss Snively followed with a few words of greeting to the members of the Association, after which the meeting adjourned.

The regular monthly meeting of the Central Registry was held on Monday, April 3rd, at 569 Bathurst St., Miss Fralick in the chair. Members present: Misses Mannering, Argue, McMillan, McKenzie, McCuaig and Gray.

Registrar's report for March, 1911: Registry calls, 217; personal calls, 85; visiting nurse, 4; an increase of 91 calls over March, 1910.

Sixteen nurses joined Registry in March, 1911. Members on Registry, 385. Two resignations were received, Miss J. Stewart and Miss Scarlet. Two applications were considered and accepted, Miss Urquhart, Liverpool; Miss Bennett, Greenwich, England.

Experiments made at the School of Physiology, Trinity College, Dublin, prove that the

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Financial statement: Balance in savings account, $1,083.09; balance in current account, March 1st, $547.72; received during March, fees, $133.90; received during March, charts and clips, $8.75; cash in hand, $12.20. Expenditure: Canadian Nurse advertisement, March, quarter-page, $2.08; Miss Brandon, charity case, $6.00; Miss Connor, salary February 20th to March 20th, $40.00; the Commercial Press for postcards, telephone pads and receipt forms, $8.50; Bell Telephone Co., extra entry, six months, $2.00; long-distance message 70 cents, stamps $1.30, $2.00; M. Ewing, salary and office, $70.00—$130.58.

M. GRAY, Secretary pro tem.

Miss Snively is in Toronto for a couple of weeks. She expects to return in the autumn to remain.

The graduates of the Toronto General Hospital tender their most sincere sympathy to Miss Annie I. Brown in her sore bereavement in the loss of her father.

The nurses of Sydney, N.S.W., Australia, proposed to have a Nurses' Club, and planned to raise the necessary funds by nurses' subscription of capital and by debentures. The sum of £1,000 was to be subscribed by the nurses in shares of five shillings each. Five thousand and three shares have been bought by the nurses, which testifies to their eagerness to have their own club.

Miss Christina Hall, Graduate of the Toronto General Hospital Training School, has been appointed District Superintendent of the Ottawa branch of the Victorian Order of Nurses.

Miss Ellen Aikman, Graduate of the Massachusetts General Hospital Training School, Boston, has received the appointment of Superintendent of the Swan River Hospital (V.O.N.).

Miss Miriam Wanless, Superintendent of the Freemasons' Hospital, at Morden, Manitoba, died suddenly at that institution on March 24th. Miss Wanless was a graduate of Stratford General Hospital, and post-graduate of the Woman's Hospital, New York. She held important positions in several hospitals, and will be much missed by her friends in the profession. Much sympathy is felt for her mother and sisters and brother in their sore bereavement.

The Florence Nightingale Association, at their regular meeting on April 7th, enjoyal a social evening at the home of Mrs. Butler, 64 Howard St. The thanks of the Association are due Miss Urquhart and her committee for this happy arrangement. The President, Miss McKenzie, who occupied the chair, delighted the large audience with her humorous opening address. The programme consisted of music and recitations, and was contributed by the following:—Miss Florence Butler, Miss Fernbie, Miss Boirdman, Mrs. Farmer, Miss Jacques and Miss Creighten. Refreshments were then served, and a very enjoyable evening brought to a close. The next meeting will be held in May.

BIRTH.

STIRLING—At Moosejaw, Sask., on April 6th, to Mr. and Mrs. Ernest A. Stirling, a daughter. Mrs. Stirling (nee Pearl Chambers) is a Graduate of Toronto General Hospital, Class '10.

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Mennen's Borated Talcum Powder

keeps my skin in healthy condition.

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(*Continued from page 233*)

and the hospital will be managed entirely by that mission. The Victorian Order were the pioneers in supplying hospital service for the people in the northern parts of Vancouver Island, and, as in so many other parts, they have set the example, and then have passed on to where they are needed more. The Fernie district felt obliged to give up for a time, on account of lack of funds, but the committee expressed the hope that it would be only for a short time. The Fort William district has closed temporarily, with the prospect of its being reopened, under a regular Victorian Order local committee, not as before under a sub-committee of another society.

The branches in which there have been noticeably a deepening and a broadening are many: The Vancouver branch has extended its activities, having placed a resident nurse in Fairview. They have now a staff of four nurses, and are planning to build a larger Nurses' Home, to be called the Florence Nightingale Home.

The Revelstoke Hospital Society continues its good work. They have opened an emergency hospital of eight beds, at Chase, B.C. This makes the third hospital under this society, all of which are doing most efficient work.

The Lady Minto Hospital, at Melfort, Sask., has completed the Nurses' Home, which is very comfortable. The hospital can now accommodate 27 patients.

The hospital at Yorkton has been enlarged, and still further accommodation given for patients, by the building of a Nurses' Home. And still more room is needed.

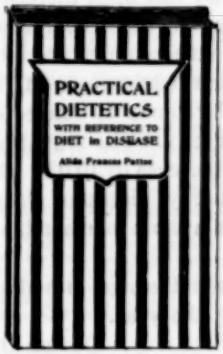
The Winnipeg branch is forging ahead. They have now a staff of six nurses, and double that number could be kept busy. They have bought a very comfortable home for the nurses in Sherbrooke Street. This branch has qualified during the year as a training centre. This makes our fourth Training Home. We need at least two more.

The Queen Victoria Memorial Hospital, North Bay, has practically been made over, and a handsome wing added. The staff are thus enabled to give even more efficient service than in the past.

The year has been a record one for the Ottawa branch. The permanent nursing staff has been increased from six to twelve. Resident nurses have been placed, one in Hull, two in Lower Town, and one in the Glebe. The records show that 14,246 visits were made during the year, an increase of 5,455 over last year. The District Superintendent, at Ottawa, Miss Hardinge, has tendered her resignation to take effect in April. She has filled the position very ably for more than three years.

The Toronto branch has still further extended its work, by placing a resident nurse at the Junction. This makes the third resident nurse, and a complete staff of eleven.

The Hamilton branch continues its very good work. The committee again undertook the work of supplying clean milk to the infants during the summer months, with the same excellent results—a marked decrease in the infant mortality.



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The Montreal branch has kept right along with its varied work, and has had a most successful year. The permanent nursing staff has been increased to forty, eleven districts are supplied with resident nurses, the school work is the same as last year—one nurse is working in the schools, under the city, two under the Protestant School Board. There is a marked increase in the work among tubercular patients, and a Victorian Order nurse is connected with the Settlement, which has just been opened in the city. The statistical returns show that 55,495 visits were made this year—an increase of 10,031. The Relief Committee is doing excellent work among the needy Victorian Order patients. This is very well and wisely handled, and is a most commendable part of the work of this branch.

The Lachine district, which was opened some 18 months ago, has done splendidly. The nurse records 2,231 visits made during the year.

The St. John branch keeps along the even tenor of its way. During the year, an Anti-Tuberculosis Association was formed in St. John. They requested that the Victorian Order Committee let them have one of the staff, Miss Rogers, as nurse for the Association. This was granted, and the Association sent Miss Rogers to take a post-graduate course in all branches of tuberculosis nursing at Bellevue Hospital, New York. She is now doing splendid work for the Association.

In Sydney, N.S., an Anti-Tuberculosis Association was organized, and at their request, the Victorian Order undertook the care of all the tubercular patients there. The Sydney branch has added a second nurse to the staff—resident at Whitney Pier. The growth in the work of this branch is worthy of mention. Last year, 903 visits were made, and during the year just closed, 1,774 were reported. This is a very considerable increase, when it is remembered that the second nurse has been there only two months.

The work of the Halifax branch increases steadily.

Miss Mayou, after four years' exceptionally good service at the Harrington Harbor Hospital, Labrador, resigned her position there, and was succeeded by Miss Cuthberson.

During the year, the Order was asked to supply a Victorian Order nurse to act as missionary district nurse on the Grand River Indian Reserve, near Brantford, Ont. This Reserve is under the New England Company, the senior missionary society, incorporated 1661, and having headquarters in London, England. The nurse's district is the whole Reserve, 12 miles square. She attends to all the visiting nursing, and teaches the women, especially, rules of hygiene, sanitation and proper living. She is supplied with a horse and trap. Miss Mary Shore received the appointment, and entered on her duties Jan. 14th.

Concerning the Lady Grey Country District Nursing work, all that is to be reported is good, but it is to be regretted there is not more of it. The one rural branch—the Lundbreck, Cowley, Livingston district, in Southern Alberta—has had a most satisfactory year, notwithstanding some setbacks. Early in the summer, our pioneer nurse, Miss Macdonald, was very ill, and was obliged to drop out of active service for a time. We were fortunate in securing another nurse, Miss Pepper, who has given entire satisfaction. Great credit is due the committee of this branch. From the very first, they have worked well

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MAX J. WALTER (Univ. of Penna., Royal Univ. Breslau, Germany, and Lecturer to St. Joseph's, St. Mary's, Mount Sinai and W. Phila. Hospital for Women, Cooper Hospital, etc.) Philadelphia General Hospital (Blockley).
HELENE BONSDORFF (Gymnastic Institute, Stockholm, Sweden.)
LILLIE H. MARSHALL } (Pennsylvania Orthopædic
EDITH W. KNIGHT } Institute.)
MARGARET A. ZABEL (German Hospital, Philadelphia, Penna. Orthopædic Inst.)

Pennsylvania Orthopaedic Institute & School of Mechano-Therapy
(Incorporated)
1711 Green Street, PHILADELPHIA, Pa. **MAX J. WALTER, Superintendent**

School of Medical Gymnastics and Massage
61 East Eighty-sixth Street
NEW YORK, N.Y.

All communications should be directed to
GUDRUN OLGA HOLM, M.D.
Instructor in Massage at several leading New York Hospitals.

Why not suggest to your friends in the profession that they should be subscribers to The Canadian Nurse? Do it soon. ∴ ∴ ∴ ∴

Pond's Extract

To give prompt and effective relief from muscular strains, apply a piece of flannel, well wet with Pond's Extract, to the affected area and lightly pass a flat iron as hot as can be borne back and forth over the flannel until it is dry. This method affords the quickest and most reliable means of overcoming **myalgia, lumbago,** and all forms of **muscular spasm** and **soreness.**

Pond's Extract - for over sixty years the standard extract of hamamelis.

POND'S EXTRACT CO. — London, New York, Paris

STRAINED MUSCLES

and have refused to see stumbling blocks. At the beginning of the year, the ladies of the three districts were organized into Aids, and have proved of great assistance in raising funds for the work, and in keeping up the interest in it.

This rural work is lying ready to be done in so many parts of the broad Dominion, the Victorian Order of Nurses has all the machinery for doing it efficiently. All that is needed is funds. The scheme, as pointed out last year, is a difficult one. In the scattered parts of the country, it is not an easy task to procure members to serve on a committee, nor is it easy for them to arrange for a common meeting place. Then, too, no branch of the Order is self-supporting—nor should it be. The earnings of the nurse have therefore to be supplemented by contributions, directly or indirectly, and in rural districts there are so few people, comparatively, to contribute, that the burden falls on the few, and so is heavy. If each Provincial Government would make an annual grant to assist the country associations in that Province, the problem would be solved to a large extent, and the money would be well expended.

(To be continued.)

HELP NEEDED.

An urgent call comes from the chairman and secretary of the "China Famine Relief Committee" for help for the starving millions in Manchuria. One dollar and fifty cents will save a human life.

Mr. W. A. Charlton, the chairman, says:—"The conditions there are appalling. The harvest was all destroyed by the terrible flood, and no food can be had from the soil until June or later. Many villages were entirely swept away and the people left homeless and in dire distress. Multitudes gather together in great camps; those who are strong enough wander over the hills, pulling up roots of weeds for fuel in cooking the pittance of rice they may receive from the relief agencies. The suffering is terrible."

It is the nurse's special mission to relieve distress whenever possible. All who find it in their hearts to assist here will kindly send their contributions to Mr. S. J. Moore, 445 King St. West, Toronto, treasurer of the Central Committee.

MILITIA ORDERS.

HEADQUARTERS, OTTAWA, Saturday, 18th March, 1911.

No. 125.—Course of Instruction—Nursing Sisters.

With reference to M.O. 483, 1910, the undermentioned Nursing Sisters will report at Halifax on the 2nd May next, to undergo a Course of Instruction in Military Nursing Duties:—

Nursing Sister E. Craibe, St. John.
Nursing Sister M. M. Pugh, Kingston.
Nursing Sister M. A. McKenzie, Toronto.
Nursing Sister F. H. Wylie, Montreal.

Leave of absence, with permission to travel abroad, has been granted as follows:—

Nursing Sister L. E. Eaton, P.A.M.C., from the 8th April to the 8th May next, both dates inclusive.

F. L. LESSARD, Colonel, Adjutant-General.

"the coming summer will, in all probability, be no different from those past and gone in the way of conditions characteristic of this season.

This applies quite as truly to antiphlogistine and to its proven serviceability as a satisfactory dressing for those affections termed "summer cases" as it does to the season itself.

Sunburn will be promptly relieved, and those severe cases of Dermatitis, frequently following, will be prevented by the prompt application of antiphlogistine.

For bee stings and bites of poisonous insects, antiphlogistine offers an ideal dressing, not only for its antiseptic properties, but by its antiphlogistic action it limits the extension of infection.

The application of antiphlogistine in ankle injuries will promptly deplete the infiltrated tissues, so that an early and positive diagnosis of sprain or fracture can be made.

The confidence reposed in antiphlogistine by the medical profession, is the most convincing argument of its acknowledged efficiency in all inflammatory processes."

THE NURSES' LIBRARY

Massage in Practice, for Graduate Workers. By Margaret Atkey, Examiner to the Incorporated Society of Trained Masseuses; Matron of the Newport and Monmouthshire Hospital; Late Sister of Addison Ward, Guy's Hospital, and Member of the The Council of the Incorporated Society of Trained Masseuses. The Scientific Press, Limited, 28 and 29 Southampton St., Strand, London, W.C. Price, 2/6 net.

This book is intended to supplement the knowledge already gained by the trained masseuse, and is devoted to the consideration of the particular massage movements suitable in special cases. It gives, in convenient form, much valuable information, gleaned from many sources, and will, therefore, be welcomed by masseuses.

Nurses' Handbook of Drugs and Solutions. By Julia C. Stimson, R.N., Vassar A.B., Superintendent of Nurses, Harlem Hospital, of Bellevue and Allied Hospitals, New York. Published by Whitcomb & Barrows, Boston. Price, $1.00 net.

This is a small, convenient volume, arranged to meet the requirements of State Registration. Written by a teacher of nurses, it is most practical, and contains nothing but the essentials. It will be found most useful as a book of reference as well as a text book.

PUBLISHER'S NOTE

For over ten years the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, Pa., offers its course of instruction in Mechano-Therapy to the nursing profession. From small beginnings the school has grown to be one of the foremost in this country, and has more than seven hundred graduates in all parts of the United States and Canade. The facilities to teach this branch of Medicine are unsurpassed. The equipment is the very best to enable the pupil to become familiar with all the various forms of mechanical treatments. The instruction is theoretical and practical. Lectures, Quizzes and Lantern-Slide Demonstrations on Anatomy, Physiology, Pathology, Theory of Massage and Gymnastics, Hydro-Therapy and Electricity, by Members of the Staff and invited Physicians accompany the practical class-room instruction and the clinical experience on our dispensary patients. Pupils are required to attend regularly several of the largest hospital clinics in the city. The School's Diploma is given at the end of the course upon satisfactorily passing the final examinations. Though the School does not guarantee any positions after graduation, we have placed several hundred of our graduates in well-paying positions. For full particulars and illustrated prospectus, write to the Institute.

Dr. Schmeideberg Deposes

Caffeine is hence a means of refreshing bodily and mental activity, so that this may be prolonged when the condition of fatigue has already begun to produce restraint and to call for more severe exertion of the will, a state which, as is well known, is painful or disagreeable.

This advantageous effect, in conditions of fatigue of small quantities of caffeine, as it is commonly taken, in coffee or tea, might, however, by continued use, become injurious, if it were in all cases necessarily exerted; that is to say, if by caffeine the muscles and nerves were directly spurred on to increased activity. This is, however, not the case, and just in this lies the peculiarity of the effect in question: The muscles and the simultaneously acting nerves only under the influence of caffeine respond more easily to the impulse of the will, but do not develop spontaneous activity; that is, without the co-operation of the will. If after the use of coffee or tea no work is done, as for example after taking coffee at the end of a dinner, muscles and nerves remain quiet as if no coffee had been taken. In such cases the pleasure which good coffee and tea procure is decisively in favor of their use.

This character of caffeine action makes plain that these food materials do not injure the organism by their caffeine content, and especially do not by continued use cause any chronic form of illness, as alcoholic beverages so easily do.

If strong coffee and aromatic tea, especially the so called green kind, produce with some persons agitation, so that, for instance, after the use of these beverages in the evening such persons suffer at night from sleeplessness, this does not depend upon the caffeine, but upon the ingredient from which, as has been mentioned, the aroma and pleasant taste of well-prepared coffee and tea are derived. There are persons who cannot in general bear tea or coffee, while Paraguay tea with its less agreeable taste, suits them well in spite of its containing caffeine.

Experience and the facts obtained by experiment make it therefore indisputable that the quantities of caffeine which are for the most part taken in with coffee or tea used daily for a whole lifetime are non-injurious to health, since they neither give rise to acute or chronic poisoning nor weaken the organism so as to dispose it to attacks of illness.

It may now be asked further how large are the quantities of caffeine which are usually or as a maximum taken in coffee and tea. A small cup of coffee of 50 ccm. (5 ounces) which has been prepared from 15 grm. (230 grains) of coffee beans contains 0.1 to 0.12 grm. (1.5 to 1.8 gains) of caffeine, and the same amount is contained in a cup of the infusion prepared from 5 to 6 grm. (75 to 90 grains) of tea leaves. If it be assumed that a man daily in the morning, at noon or in the afternoon, and in the evening, drinks altogether five cups of coffee or tea, or partly coffee and partly tea, he takes in this 0.5 to 0.6 grm. (7.5 to 9 grains) of caffeine. These moderate quantities are thoroughly harmless. Many persons, especially women, in countries where tea drinking is widespread may easily bring the number of cups to double or even several times these figures. Let us assume that the maximum amounts to ten cups of tea or coffee or of both together. These contain 1 to 1.2 grm. (15 to 18 grains) of caffeine. Even such doses cause no disturbance of health if they be taken not in the form of pure caffeine all at once, but in coffee, tea and other preparations in a diluted state and in divided portions in the course of the day. In agreement with this is the direction of the Pharmacopoeia of the German empire that the largest daily dose of caffeine should not exceed 1.5 grm. (23 grains).

Coca-Cola syrup contains, by the accordnt analyses of Dr. Mallet, of the Univerity of Virginia, and Dr. W. D. Bigelow, f the department of agriculture, 0.19 to .24, in the average 0.22, or, in round numers, 0.25 grm. (3.8 grains) of caffeine in 00 grm. (1,540 grains) of syrup. As regards ontent of caffeine, therefore, 40 to 45 grm. 600 to 700 grains) of Coca-Cola syrup are quivalent to a cup, 200 grm. (3,000 grains) o five cups, and 400 grm. (6,000 grains) to en cups of coffee or tea.

From these data it follows in the most ositive way that 200 to 400 grm. of Coca-Cola syrup taken in divided portions daily will not be injurious to health. In certain respects the Coca-Cola syrup is even more harmless than the corresponding quantity of coffee or tea, since it does not, like these, produce agitation and therefore cause sleeplessness.

According to the communications which have reached me, about thirty grm. (one ounce) of Coca-Cola syrup is used to a glass of about 210 ccm. of the beverage. There might therefore be taken daily of this beverage 1,400 to 2,800 ccm. without any fear of injury to health from the quantity of caffeine contained therein. Rather might the amount of liquid and of sugar taken at the same time prove injurious by impairment of the digestive activity of the stomach. As a matter of fact, such large quantities of the beverage will but rarely, if ever, be taken. Most consumers will undoubtedly limit themselves to less. In such cases injury is entirely out of the question. Indeed, the misuse of Coca-Cola by taking it in excess, as so happens with alcoholic drinks, is in general not to be found. Not only can no well-founded objection be urged against the manufacture of food products containing caffeine by the introduction of this in any form, but rather should the extension of such manufacture be regarded with favor in the interests of the public welfare. Undoubtedly alcoholic drinks belong to the most injurious class of food products, and the contest against their use, and especially their misuse, is thoroughly justified. This can be most successful only by seeking to replace alcoholic beverages by other and harmless food products. Among such harmless food products the most suitable with which to take up and carry through the war against alcoholic drinks are coffee, tea, cocoa, chocolate, and in general all natural or artificial food materials which contain caffeine or theo-bromine, on account of their advantageous and agreeable effect above described.

Carbonated waters, for example, which are taken with pleasure for their refreshing action, will not fulfill the purpose in question, since they exert none of the special effects upon the organism that tea, coffee, etc., do. In the contest with alcoholic drinks it is of importance that the food materials which are to replace them shall be harmless, contain caffeine or theobromine, and also actually be consumed upon a large scale. In this way Coca-Cola may be of value.

On the basis of the preceding explanation, I sum up my opinion thus: That Coca-Cola syrup represents a food product containing caffeine, and that, even in the maximum quantity which may be generally taken daily, it cannot, because of its caffeine content, be accounted injurious to health.

Now, Doctor—

We believe that after reading the above, you will agree with us that far from being harmful, Coca-Cola is actually beneficial.

Let us send you some coupons each good for a glass of Coca-Cola. This will be your test of taste.

THE COCA-COLA CO.,

Toronto and Montreal